

# **EXHIBIT C**



**WR Grace**  
**Bankruptcy Form 10**  
 Index Sheet

RUST000107

Claim Number: 00000585Receive Date: 10 / 15 / 2001**Multiple Claim Reference**

Claim Number \_\_\_\_\_

- ☐ MMPOC Medical Monitoring Claim Form  
☐ PDPOC Property Damage  
☐ NAPO Non-Asbestos Claim Form  
☐ Amended

Claim Number \_\_\_\_\_

- ☐ MMPOC Medical Monitoring Claim Form  
☐ PDPOC Property Damage  
☐ NAPO Non-Asbestos Claim Form  
☐ Amended

**Attorney Information**

Firm Number: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Attorney Number: \_\_\_\_\_

Attorney Name: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Cover Letter Location Number: \_\_\_\_\_

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	<input checked="" type="checkbox"/> Other Attachments
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
	<input type="checkbox"/> Other Attachments	
<b>Other</b>	<input type="checkbox"/> Non-Standard Form <input type="checkbox"/> Amended <input type="checkbox"/> Post-Deadline Postmark Date	

Box/Batch: WRBF0003/WRBF0012

Document Number: WRBF000585

B10 (Official Form 10) (Rev. 10/96)

UNITED STATES BANKRUPTCY COURT For the District of Delaware		PROOF OF CLAIM
In re: <b>W. R. Grace Co., et al</b>		Case Number: <b>01-1139 through 01-1200 (ITP)</b>
NOTE: This claim should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Creditor Name (Person or entity debtor owes) <b>First Chemical Texas, L.P.</b> Address Line 1 <b>P. O. Box 1607</b> Address Line 2 Address Line 3 City, ST ZIP <b>Baytown, TX 77520</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach Copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <b>Fireproofing settlement M01-001</b>		<input type="checkbox"/> replaces not applicable <input type="checkbox"/> Check here if this claim amends a previously filed claim dated: _____
1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security No. _____ <input type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Other (Describe Briefly) <b>settlement of claim for defective fireproofing material installed at creditor's plant</b> Unpaid compensation for services performed from _____ to _____ (date) (date)		2. Date Debt Incurred: (MMDDYY) <div style="border: 1px solid black; padding: 2px; display: inline-block;">07</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">05</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">00</div>  3. If Court Judgment, Date Obtained: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> not applicable
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> <b>SECURED CLAIM</b>            Attach evidence of perfection of security interest            Brief Description of Collateral:  <input type="checkbox"/> Real Estate    <input type="checkbox"/> Motor Vehicle    <input type="checkbox"/> Other (Describe briefly)             Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____         </div> <div style="width: 45%;"> <input type="checkbox"/> <b>UNSECURED PRIORITY CLAIM - Specify the priority of the claim.</b>  <input type="checkbox"/> Wages, salaries, or commissions (up to \$4300), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4)  <input type="checkbox"/> Up to \$1,950 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6)  <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7)  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) _____         </div> </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> <b>UNSECURED NONPRIORITY CLAIM</b>            A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.         </div>		
5. AMOUNT OF CLAIM AT TIME CASE FILED: <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">             (Secured)  <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> </div> <div style="border: 1px solid black; padding: 2px; text-align: center;">             (Unsecured Nonpriority)  <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> <span>1</span><span>5</span><span>9</span><span>0</span><span>9</span><span>6</span><span>0</span><span>0</span> </div> </div> <div style="border: 1px solid black; padding: 2px; text-align: center;">             (Unsecured Priority)  <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> </div> </div> <input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.		
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		
7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
8. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclosed a stamped, self-addressed envelope and copy of this proof of claim. By <b>FT Chemical, Inc., general partner</b>		
Date <b>10/10/01</b>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <div style="text-align: center;">   <b>General Counsel</b> </div>	

Penalty for presenting fraudulent claim: (Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.)

 THIS SPACE IS FOR  
 COURT USE ONLY  
 DISTRICT OF DELAWARE  
 OCT 15 AM 11:00  
 FILED

WR Grace

BF.3.12.585

00000585

P.O. Box 1249 Jackson, MS 39215  
700 North Street Jackson, MS 39202  
601 948-7550 Fax: 601 948-0228



October 10, 2001

US Bankruptcy Court  
ATTN: Claims  
824 Market Street  
5<sup>th</sup> Floor  
Wilmington, DE 19801

RE: WR Grace Co., et al  
Case Number 01-1139 through 01-1200 (JJP)

Dear Sir or Madam:

Enclosed is the original and one copy of a proof of claim by First Chemical Texas, L.P.

I am also enclosing an extra copy of the proof of claim to be receipt-stamped and returned in the business-reply envelope provided.

Thank you very much for your attention. Please call me at 800-829-0050 if you have any questions.

Sincerely yours,

**CHEMFIRST INC.**

A handwritten signature in cursive script that reads "Tisha S. Green".

Tisha S. Green, CLA  
Senior Legal Assistant

:tsg

cc: Allen Neal, First Chemical Texas, L.P.